

<b>COURSE NAME</b> <i>(# required for graduation)</i>	<b>CODE</b> ###	<b>CREDITS</b> (1 or ½)	Recommended	With Reservation	Not Recommended	Teacher Signature / Comments
<b>Religion</b> <i>(4)</i>						
<b>English</b> <i>(4)</i>						
<b>Social Studies</b> <i>(3)</i>						
<b>Foreign Language</b> <i>(3)</i>						
<b>Mathematics</b> <i>(4)</i>						
<b>Science</b> <i>(3)</i>						
<b>Fine Arts</b> <i>(1)</i>						
<b>Physical Education</b> <i>(1)</i>						
Elective <i>(4)</i>						
Elective						
Elective						
Elective						
Elective						

Student Signature \_\_\_\_\_ Parent Signature \_\_\_\_\_

*Please return this form to the guidance office by Monday, February 27<sup>th</sup>.*